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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: February 17, 2005

TIME: _____

TO:	Examiner Debra F. Charles	FAX NO.:	1-703-872-9306
FROM:	Kenneth N. Nigon	ADMIN. ASST.:	Tonya M. Berger
APPLN. NO.:	09/742,791	ATTY. DOCKET NO.:	SCG-010US
TITLE OF APPLN.: METHOD AND APPARATUS TO FACILITATE COMPETITIVE FINANCING ACTIVITIES AMONG MYRIAD LENDERS ON BEHALF OF ONE BORROWER			
FILING DATE:	December 20, 2000	ART UNIT:	3628
FIRST INVENTOR:	Stephen J. Schmid	CONF. NO.:	8455
TITLE OF DOCUMENT (and List of Attachments): Transmittal and Request for Withdrawal as Attorney			
or Agent and Change of Correspondence Address			

Total Number of Pages: 3 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (09-04) (AW 10/2004)

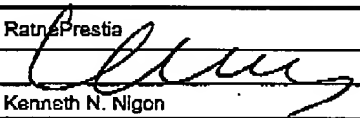
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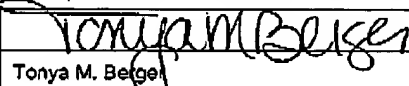
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	C9/742,791
	Filing Date	December 20, 2000
	First Named Inventor	Stephen J. Schmid
	Art Unit	3628
	Examiner Name	Debra F. Charles
Total Number of Pages in This Submission 2		Attorney Docket No. SCG-010US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Kenneth N. Nigon		
Date	February 17, 2005	Registration No.	31,549

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or Printed Name	Tonya M. Berger	Date	February 17, 2005

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
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Application Number:	09/742,791
Filing Date:	December 20, 2000
First Named Inventor:	Stephen J. Schmid
Art Unit:	3628
Examiner Name:	Debra F. Charles
Attorney Docket Number:	SCG-010US

To: Commissioner for Patents
P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **23122**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: non-payment of fees. The Applicant has been notified of the request for withdrawal by letters dated January 13, 2005 and February 17, 2005.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: Mr. Stephen J. Schmid

Address: 51 Summit Road

Address:

City: Malvern

State: PA

Zip: 19355

Country: US

Telephone: (610) 420-7657

Fax:

Signature:

Name: Kenneth N. Nigon

Registration Number: 31,549

Date: February 17, 2005

Telephone Number: (610) 407-0700

Note: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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